

Rec'd PCT/PTO 31 MAY 2005

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**POWER OF
ATTORNEY &
CORRESPONDENCE
ADDRESS
INDICATION FORM**

Attorney Docket No.	POLYT 9351 WO-US
First Named Inventor	Sunil Shaunak
Application Number	To Be Assigned
Title	GLYCODENDRIMERS AND THEIR THERAPEUTIC APPLICATION
Filing Date	10/15/2004
Priority Date	04/19/2002
Art Unit	To Be Assigned
Authorized Officer	To Be Assigned

I hereby appoint:

Practitioners at Customer Number 000039843 or
 Practitioner(s) named below:

Name	Registration Number
ADAM W. BELL	43,490
MATTHEW R. KASER	44,817

as my/our attorney(s) or agent(s) to prosecute the application identified above, and all related applications (including all divisionals, continuations, RCEs, CPAs, CIPs, PCT applications, European and other international applications) and to transact all business in the United States Patent and Trademark Office connected therewith, and in any PCT or WIPO or European Patent Office or Other Patent Office connected therewith where the practitioner(s) is/are eligible to practice.

Record/ change the correspondence address for the above-identified application to:

The above-mentioned Customer Number
 Practitioners at Customer Number _____
 Address below:

Firm or Individual Name	BELL & ASSOCIATES			
Address	416 FUNSTON AVENUE			
City	SAN FRANCISCO			
Country	USA	State	CA	Zip
Telephone	(415) 752-4085		Fax	(415) 276-6040

I am the:

Applicant/Inventor
 Assignee of record of the entire interest. See 37 C.F.R. 3.71.
Statement under 37 C.F.R. 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Sunil Shaunak
Signature	<i>Sunil Shaunak</i>
Date	11 November 2004
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	
<input checked="" type="checkbox"/> *Total of <u>3</u> forms are submitted.	

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POWER OF ATTORNEY & CORRESPONDENCE ADDRESS INDICATION FORM	Attorney Docket No.	POLYT 9351 WO-US		
	First Named Inventor	Sunil Shaunak		
	Application Number	To Be Assigned		
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Statement under 37 C.F.R. 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Elisabetta Gianasi
Signature	<i>Elisabetta Gianasi</i>
Date	2/12/04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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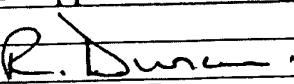
I am the:

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Statement under 37 C.F.R. 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Ruth Duncan	
Signature		
Date	10th May 2005.	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		
<input checked="" type="checkbox"/>	*Total of <u>3</u> forms are submitted.	

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POWER OF ATTORNEY & CORRESPONDENCE ADDRESS INDICATION FORM	Attorney Docket No.	POLYT 9351 WO-US
	First Named Inventor	Sunil Shaunik
	Application Number	To Be Assigned
	Title	GLYCOPENDRIMERS AND THEIR THERAPEUTIC APPLICATION
	Filing Date	10/15/2004
	Priority Date	04/19/2002
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Name	Registration Number
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I am the:

 Applicant/Inventor Assignee of record of the entire interest. See 37 C.F.R. 3.71.*Statement under 37 C.F.R. 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Name	Polytherics Limited	
Signature	<i>Stephen Brocchini</i>	Stephen Brocchini, Director
Date	16/11/04	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 *Total of 1 forms are submitted.

Rec'd PCT/PTO 15 OCT 2004

10/511317

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Attorney Docket No.	POLYT 9351 WO-US
First Named Inventor	Sunil Shaunak
Application Number	To Be Assigned
Title	GLYCODENDRIMERS AND THEIR THERAPEUTIC APPLICATION
Filing Date	03/18/2003
Priority Date	04/19/2002
Art Unit	To Be Assigned
Authorized Officer	To Be Assigned

I hereby appoint:

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Name	Registration Number
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MATTHEW R. KASER	44,817

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SIGNATURE of Applicant or Assignee of Record

Name	Sunil Shaunak	'
Signature		
Date		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*		
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MATTHEW R. KASER	44,817

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Statement under 37 C.F.R. 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Elisabetta Gianasi
Signature	
Date	

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*Total of 3 forms are submitted.

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Assignee of record of the entire interest. See 37 C.F.R. 3.71.

Statement under 37 C.F.R. 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Ruth Duncan
Signature	
Date	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	
<input checked="" type="checkbox"/> *Total of <u>3</u> forms are submitted.	

Best Available Copy

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket No.	POLYT9351WO-US
<input type="checkbox"/> Declaration Submitted with Initial Filing		First Named Inventor Shaunak, S.	
OR		Application Number To Be Assigned	
<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)		Filing Date Herewith	
		Group Art Unit Unknown	
		Examiner Name Unknown	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

GLYCODENDRIMERS AND THEIR THERAPEUTIC APPLICATION

The specification of which

is attached hereto

or

was filed on 18 March 2003 as PCT International Application Number

PCT/GB03/01133 and was amended on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or international filing date of the continuation-in-part application.

PRIORITY CLAIMS

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application (s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? (Y/N)
GB 02 09022.3	GB	04/19/2002		N

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/0213 attached hereto.

I hereby claim the benefit under Title 35, United States Code, Section 119(e) of any United States provisional application(s) listed below.

Application Serial No.	Filed	Status (Pending, Abandoned, Patented)

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States applications listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in said prior applications in the manner required by the first paragraph of Title 35, United States Code Section 112, I acknowledge my duty to disclose material information as defined in Title 37 Code of Federal Regulation, Section 1.56(a) which occurred between the filing dates of the prior applications and the national or Patent Cooperation Treaty international Filing date of this application:

Application Serial No.	Filed	Status (Pending, Abandoned, Patented)

DIRECT ALL CORRESPONDENCE TO: Customer number **000039843****OR** Correspondence address below.**Name: Bell & Associates****Address: 416 Funston Avenue, Suite 100**

City: San Francisco	State: CA	Zip: 94118
Country: USA	Telephone: 415 752 4985	Fax: 415 276 6040

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information or belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

Given Name (first and middle, if any) <u>Sunil</u>		Surname <u>Shaunak</u>	<input type="checkbox"/> a petition has been filed for this unsigned inventor
Inventor's Signature <u>Sunil Shaunak</u>		Date <u>11 November 2004</u>	
Residence: City <u>London</u>	State <u>GBN</u>	Country <u>Great Britain</u>	Citizenship <u>British</u>

Mailing Address:
Department of Infectious Diseases, Imperial College London, Hammersmith Hospital,
DuCane Road

City <u>London</u>	State	Zip <u>W12 0NN</u>	Country <u>Great Britain</u>
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NAME OF SECOND INVENTOR:

Given Name (first and middle [if any]) <u>Elisabetta</u>		<input type="checkbox"/> a petition has been filed for this unsigned inventor	
Inventor's Signature <u>Elisabetta</u>		Surname <u>Gianasi</u>	
Residence: City <u>Bologna</u>	State	Country <u>Italy</u>	Citizenship <u>Italian</u>

Mailing Address:
Via Parisio, 32

City <u>Bologna</u>	State	Zip <u>I-40137</u>	Country <u>Italy</u>
-------------------------------	--------------	------------------------------	--------------------------------

Additional inventors are being named on the one supplemental Additional Inventor(s) Sheet(s) PTO/SB/02A attached hereto.

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NAME OF SOLE OR FIRST INVENTOR: a petition has been filed for this unsigned inventor**Given Name (first and middle, if any)****Surname****Sunil****Date****Inventor's
Signature****Residence: City
London****State****Country
Great Britain****Citizenship
British****Mailing Address:****Department of Infectious Diseases, Imperial College London, Hammersmith Hospital,
DuCane Road****City
London****State****Zip
W12 0NN****Country
Great Britain****NAME OF SECOND INVENTOR:** a petition has been filed for this unsigned inventor**Given Name (first and middle [if any])****Surname****Elisabetta****Date****Inventor's
Signature****Residence: City
Bologna****State****Country
Italy****Citizenship
Italian****Mailing Address:**
Via Parisio, 32**City
Bologna****State****Zip
I-40137****Country
Italy**

Additional inventors are being named on the one supplemental Additional Inventor(s) Sheet(s) PTO/SB/02A attached hereto.

Supplemental Additional Inventor(s) Sheet

Name of Additional Joint Inventor:		<input type="checkbox"/> a petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name Or Surname	
Ruth		Duncan	
Inventor's Signature	<u>R. Duncan.</u>		
Residence: City <u>Cardiff</u>	State	Country <u>Great Britain</u>	Citizenship <u>GBN</u>
Mailing Address: Welsh School of Pharmacy, Cardiff University Redwood Building, King Edward VII Avenue			
City <u>Cardiff</u>	State	Zip <u>CF10 3XF</u>	Country <u>Great Britain</u>
Name of Additional Joint Inventor:		<input type="checkbox"/> a petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name Or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor:		<input type="checkbox"/> a petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name Or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
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Supplemental Additional Inventor(s) Sheet(s) PTO/SB/02A

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